

BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/				/	51				
2	/				/	52				
3	/				/	53				
4	/				/	54				
5		/			/	55				
6		/			/	56				
7	/				/	57				
8		/			/	58				
9		/			/	59				
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12		/			/	62				
13		/			/	63				
14		/			/	64				
15	/				/	65				
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18	/				/	68				
19	/				/	69				
20	/				/	70				
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29		/			/	79				
30		/			/	80				
31		/			/	81				
32	/				/	82				
33		/			/	83				
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35	/				/	85				
36	/				/	86				
37		/			/	87				
38		/			/	88				
39		/			/	89				
40		/			/	90				
41		/			/	91				
42	/				/	92				
43		/			/	93				
44	/				/	94				
45		/			/	95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.						TOTAL IND.				
TOTAL DEP.						TOTAL DEP.				
TOTAL CLAIMS						TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS